

# AMENDED CLASSIFICATION REQUEST

## COMMERCIAL INSTRUCTIONS

**NOTE:** If you propose to do any of the following classifications you must indicate that class on the appropriate lines on page one of the Amended Class form and you must attach a copy of your Arkansas trade license/certificate. If the trade license holder is an employee, you must attach a copy of the employees Arkansas trade license/certificate and complete section 4.

HVACR	Plumbing	Electrical
Boiler Construction	Boiler Repair	Asbestos
Lead Abatement	Elevators	Fire Sprinklers
Underground Storage Tanks	Fire & Burglar Alarms	Water Wells
Septic Tanks		

If requesting any specialty classes that require you to hold any Arkansas certificate or license from the Arkansas Department of Environmental Quality, Department of Health, Department of Labor, State Police, or other agency, Board or department, those must be in place before requesting the specialty.

Example: Boiler Construction & Repair requires a Boiler Construction License from the Arkansas Department of Labor.

### 1. AMENDED CLASSIFICATION

Mark the class being requested, if requesting specialties, write that specialty on the provided lines. **If going from a specialty to a larger classification, remember that your net worth will have to meet the minimum requirements. If a financial statement is required, it has to be at least a reviewed statement before we can accept it for Commercial.**

### 2. PAST WORK EXPERIENCE

List some jobs that have been done in the class being requested. Remember you must have (5) five years experience for Commercial, or (4) YEARS FOR RESIDENTIAL. **If requesting "Building" do not supply references for portions of a building, such as masonry, or roofing; send references that contain the complete building, from the ground up.**

- Relatives or other people in the licensed entity can NOT complete references.**
- Make sure the reference sheets are completed and returned with the amended classification request showing five (5) years experience in the classification requested for **Commercial** and four (4) years experience for **Residential**.
- Please type or print clearly, we must be able to read your information.

### 3. QUALIFIER EXPERIENCE (AS DESCRIBED IN NOTE ON TOP OF PAGE 1 and under "Definitions" on page 2)

If you have hired an individual that has the experience and/or trade license that is needed to get a class / specialty, refer to # 3 on page 3.

# ADDING THE RESIDENTIAL BUILDERS CLASS

If the licensed entity has Commercial license, it may do residential projects within the scope of that license. (See examples below) If a license is issued with “Building” or “Light Building”, then the licensed entity is covered for Commercial & Residential Building. However, if you lose your Commercial license for any reason, you will also lose the Residential license. If you wish to ONLY maintain the Residential Builders license, you must downgrade the license and provide all residential requirements before we can issue the Residential Builders license. If you have a Commercial license with anything other than “Building” or “Light Building”, you **must** have a separate Residential Builder’s license to build homes.

## **Examples:**

If the licensed entity has a Commercial license with the specialty of “painting”, it can also do Residential painting.

If the licensed entity has a Commercial license with the specialty of “roofing” and provides references that indicate jobs for “siding and painting”, this will not meet the experience requirement to obtain the Residential Builders class.

To obtain the Residential Builders classification, give references showing (4) years experience in home construction from the ground up. Otherwise, submitting complete residential room additions and/or larger remodeling jobs (in excess of \$20,000.00) could possibly qualify for Residential Builder, but these types of references are **NOT** preferred.

## **DEFINITIONS**

**QUALIFIER:** A person that has passed the appropriate trade examination. To act as a “Qualifying Party” a person must be either; (1) a sole owner; (2) a partner of the partnership; (3) an officer of the corporation who is actively engaged in the day to day activities of the licensed entity; (4) a member of the Limited Liability Company who is actively engaged in the day to day activities of the licensed entity; (5) a partner of the limited Liability Partnership who is actively engaged in the day to day activities of the licensed entity; or (6) a full time employee of the licensed entity.

**FULL TIME EMPLOYEE:** A person who is an actual employee of the business, not an independent contractor. The person must work, on average, 30 or more hours a week for the licensed entity (1500 hours per year), must not be paid as an independent contractor (not receive a “1099” for his earnings but receive a “W-2” for his earnings). A full time employee is not someone who is hired “job to job” as needed. Other factors to be considered in making this determination include, but are not limited to: whether the licensed entity pays for workman’s compensation insurance on the individual, whether the licensed entity pays payroll taxes on the individual, the amount of control the licensed entity has over the activities of the individual, the ownership of the tools used by the individual and, whether the individual maintains his own business separate from the licensed entity in question.

**\*\*\*This amended class form will not be considered unless the amended classification form, affidavit and the (3) reference letters are returned as well as the copies of the required trade licenses as described on page 1.\*\*\***

# AMENDED CLASSIFICATION

State of Arkansas  
CONTRACTORS LICENSING BOARD  
4100 Richards Road  
North Little Rock, Arkansas 72117  
Main Phone (501) 372-4661 / Fax (501) 372-2247

ID# \_\_\_\_\_  
(Found in the upper right  
hand corner of your license.)

## Use The Name Issued on the Contractors License:

Licensed Entity Name:	License #
Name & Phone # of person completing this form:	Years Experience (Under Current Name)

- 1. REQUESTED CLASSIFICATION:** Please check below those being requested:
- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Heavy Construction          | <input type="checkbox"/> Light Building                                      | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Highway, Railroad & Airport | <input type="checkbox"/> Electrical  |                                      |
| <input type="checkbox"/> Municipal & Utility         | <input type="checkbox"/> Mechanical  |                                      |
| <input type="checkbox"/> Building                    | <input type="checkbox"/> Specialty (List specific specialty requested below) |                                      |
- 
- 

## 2. PAST WORK EXPERIENCE:

List a few projects the licensed entity or qualifying individual has completed. Only list those projects that will show experience **of at least five (5) years for the class/specialty being requested**. This does not have to be consecutive years as long as you can clearly show overall five (5) years experience. The contact person listed below will need to be available between the hours of 8:00 a.m. and 4:00 p.m. Please make sure you have the correct phone number listed.

Year	Type of Work	Contract Amount	Personal Contact/Company Name	Telephone number

## 3. QUALIFIER EXPERIENCE:

If any of the following are being requested, we **must** have a copy of the Arkansas trade license/certificate before this request will be processed. If this individual is an employee (not an officer/owner) of the licensed entity, **attach a copy of the employees W-4, as well as the trade certification.**

Asbestos  
Boiler Construction or Repair  
Electrical  
Elevator  
Fire & Burglar Alarm  
Fire Sprinkler  
Gas Fitter  
HVACR

Landscaping w/planting  
Lead Abatement  
Plumbing  
Refrigeration & Cold Storage  
Septic Tanks  
Sheet Metal, Ducts  
Underground Storage Tank  
Water Wells

☐ Yes ☐ No Has the licensed entity bid, contracted, or performed any work that would require an Arkansas Contractors License with regards to the request of this amendment form ? If yes, attach details separately (List projects, address, date started and dollar amount).

## AFFIDAVIT

I \_\_\_\_\_, being duly sworn, deposes and says:  
(Print name of Owner/Officer/Partner/Member)

That the foregoing statement of experience and all statements herein contained are true and correct and shall become a part of the present valid application on file. That the foregoing statement is submitted to the Contractors Licensing Board and/or Residential Contractors Committee for the purpose of amending the present valid license and that any depository, vendor or other agency herein named is hereby authorized to supply the Contractors Licensing Board and/or Residential Contractors Committee with any information necessary to verify these statements.

\_\_\_\_\_  
Signature of Owner/Officer/Partner/Member

State of \_\_\_\_\_ County of \_\_\_\_\_

Acknowledge before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature and **SEAL**

Contractors Licensing Board  
4100 RICHARDS ROAD  
NORTH LITTLE ROCK, ARKANSAS 72117  
Main Phone 501-372-4661 (FAX 501-372-2247)

# REFERENCE INFORMATION

(Please Type or Print)

APPLICANT NAME & ADDRESS as shown on application

(GIVE DETAILED ANSWERS)  
THE PURPOSE OF THIS FORM  
IS TO VERIFY WORK  
EXPERIENCE, NOT CREDIT  
HISTORY.

1. Yes\_\_\_ No\_\_\_ Are you related or affiliated to the owners of the company or any of the employees?  
If yes, you are not eligible to complete this form. STOP!!!
2. If this is a new company, or you are giving a reference for an employee of a company, list the  
individual you are verifying work experience for:\_\_\_\_\_
3. How long have you known of this company or individual's work?\_\_\_\_\_
4. List the kinds of work this company or individual has completed that you are aware of. **Be very detailed:**  
\_\_\_\_\_  
\_\_\_\_\_
5. List any projects this company or individual has completed that you have first hand knowledge of: **(Be specific - list name of project(s), dollar amount and sq. ft. if applicable and the dates the project (s) was done)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Yes \_\_\_ No\_\_\_ Has this company or individual ever failed to complete a project or job that you are aware  
of? If yes, explain \_\_\_\_\_  
\_\_\_\_\_
7. In your own words describe this company or individual's overall performance and ability to meet the  
customers needs. \_\_\_\_\_  
\_\_\_\_\_
8. Yes\_\_\_ No\_\_\_ Would you recommend this company or individual to be a licensed contractor? If no, why?  
\_\_\_\_\_  
\_\_\_\_\_
9. Yes\_\_\_ No\_\_\_ Has this company or individual ever failed to pay for materials, employees or subs that you  
are aware of? If yes give details: \_\_\_\_\_  
\_\_\_\_\_

Reference givers name & address:

Signature\_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

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\_\_\_\_\_

Reference givers name & address:

Signature\_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_

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\_\_\_\_\_

Reference givers name & address:

Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone No. \_\_\_\_\_